

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035167

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

042
FILED OCT 2 1963

1000

1150

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
S.E. Waggoner, M.D.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARK Middle LEO Last JUSTUS		4. DATE OF DEATH Month September Day 17, Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Harold L. Justus		11b. MOTHER'S MAIDEN NAME Alma Thomas	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. [redacted]	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary Atelectasis		15. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
16. CITIZEN OF WHAT COUNTRY USA		17. NAME OF HUSBAND OR WIFE [redacted]	
18. INTERVAL BETWEEN ONSET AND DEATH 7 hrs		19. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		21. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
24. TIME OF INJURY Hour a.m. p.m.		25. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. CITY, TOWN, OR LOCATION		29. COUNTY	
30. STATE		31. DATE SIGNED 9/19/63	
32. I attended the deceased from 9/17/63 to 9/17/63 and last saw her/him alive on 9/17/63		33. Death occurred at 7 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
34. SIGNATURE Sharon E. Waggoner M.D.		35. ADDRESS 301 Illinois Ave St. Joseph, Missouri	
36. BURIAL, CREMATION, REMOVAL (Specify) Burial		37. DATE 9-19-1963	
38. NAME OF CEMETERY OR CREMATORY Memorial Park		39. LOCATION (City, town, or county) St. Joseph, Mo.	
40. FUNERAL DIRECTOR H. O. Sidenfaden & Son		41. ADDRESS St. Joseph, Mo.	
42. DATE RECD. BY LOCAL REG. Sept. 27, 1963		43. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

Permit No. 9-15-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Gable
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: -The-~~above~~ MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.